

EXHIBIT A

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

OFFICE of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2014066775

DATE ISSUED: May 13, 2014

DECEDENT INFORMATION

STATE FILE DATE: May 13, 2014

NAME: PAMELA WILHELM NOTERMAN

DATE OF DEATH: May 6, 2014

SEX: FEMALE SSN: -6946

AGE: 058 YEARS

DATE OF BIRTH: 1955

BIRTHPLACE: ATLANTA, GEORGIA, UNITED STATES

PLACE OF DEATH: DECEDENT'S HOME

FACILITY NAME OR STREET ADDRESS:

LOCATION OF DEATH: SARASOTA, SARASOTA COUNTY, 34240

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): JOHN NOTERMAN

RESIDENCE: SARASOTA, FLORIDA 34240, UNITED STATES

COUNTY: SARASOTA

OCCUPATION, INDUSTRY: HOMEMAKER, OWN HOME

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian ☐ Japanese ☐ Korean
☐ American Indian or Alaskan Native-Tribe: ☐ Vietnamese ☐ Other Asian:
☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Isl: ☐ Other: ☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO; NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: RICHARD JAMES WILHELM

MOTHER: VELMA EUGENIA ROMEDY

INFORMANT: JOHN NOTERMAN

RELATIONSHIP TO DECEDENT: HUSBAND

INFORMANT'S ADDRESS: SARASOTA, FLORIDA 34240, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: SCIENCE CARE

CORAL SPRINGS, FLORIDA

METHOD OF DISPOSITION: DONATION

FUNERAL DIRECTOR/LICENSE NUMBER: CATHERINE E. COLLAZO, F047506

FUNERAL FACILITY: GENDRON FUNERAL & CREMATION SERVICES INC-SARASOTA F065945
 135 NORTH LIME AVENUE, SARASOTA, FLORIDA 34237

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1854

CERTIFIER'S NAME: SCOTT BYRON ELSBREE

CERTIFIER'S LICENSE NUMBER: ME47274

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - and Approximate Interval: Onset to Death:

a COAGULOPATHY

MONDAY

b AUTOIMMUNE DISEASE

YEARS

c

d

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? NO

REASON FOR SURGERY:

IF FEMALE, NOT PREGNANT WITHIN PAST YEAR

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:



State Registrar

REQ: 2014876367

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1947 (1/11)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

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